09/10/09 THU 13:19 FAX 703 308 3691

. 8

	·	FOR CERTIFICATE OF CORRECTION
DATE	:09-02-09	Paper No.:
O SPE OF	: ART UNIT	* • •
UBJECT	: Request for Certificate of Corre	ction for Appl. No.: <u>09/481163′</u> Patrint No.: <u>6973210</u>
Please respon	d to this request for a certificate	of correction within 7 days.
OR IFW FILE		
Please review mage. No nev	the requested changes/correction with mixtures should be introduced, not the mixture of the requirement of t	ns as shown in the COCIN document(s) in the IFW application or should the scope or meaning of the claims be changed.
lease comple ode COCX.	te the response (see below) and	forward the completed response to scanning using document
OR PAPER F	:ILES:	79 9
dease review to the formula of the second se	the requested changes/correction orm (see below) and forward it w	ns as shown in the attached certificate of correction. Please ith the file to:
South '	cates of Correction Branch (Co Tower - 9A22 ocation 7580	A Ede in
-		Angela Green
		Certificates of Correction Branch
hank You Fo	r Your Assistance	703-756-1541
he request fo ote your decis	r issuing the above-identified ion on the appropriate box.	correction(s) is hereby:
×	Approved	All changes apply.
0	Approved in Part	Specify below which changes to not apply.
	Deriled	State the reasons for denial below.
omments:	tppRoved As 70 -	the nATTERS not APPECTIA
the se	~ 11	nuention.
	· ·	SPE Art light